



Office of Equal Opportunity On-The-Job Training Support Services Student Application

THIS APPLICATION MUST BE COMPLETED BY THE STUDENT

Please Print Clearly

Student Name: _____
Last First Middle Initial

Address: _____
Street Address City State Zip County

Telephone Number: (____)____-____-____ Veteran: Yes No

Social Security Number: ____-____-____ Birthdate: ____-____-____

Sex: Male Female Email Address: _____

High School Diploma or GED: Yes No Highest Grade Completed: _____

Do you have a valid Washington State driver's license? Yes No
If no, do you have reliable transportation? Yes No

Tribal Affiliation (If applicable): _____

Ethnic Origin (please check all that apply):

<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other: _____

What program are you enrolled in? _____

Date program will begin: ____/____/____ Date program will end: ____/____/____

Status: New Enrollment Continuing

Trades of Interest (check all that apply):

<input type="checkbox"/> Carpenter	<input type="checkbox"/> Laborer
<input type="checkbox"/> Cement Painter	<input type="checkbox"/> Mechanic
<input type="checkbox"/> Electrician	<input type="checkbox"/> Painter
<input type="checkbox"/> Heavy Equipment Operator	<input type="checkbox"/> Pile Driver
<input type="checkbox"/> Iron Worker	<input type="checkbox"/> Truck Driver

Have you ever been enrolled in an apprenticeship program? Yes No
If yes, which program? _____ Date Enrolled: _____ to _____
City/State: _____ Completion Date: _____/_____/_____

Have you taken any other Vocational Training or College Courses? Yes No

If yes, location: _____ Degree/Certificate Awarded: Yes No
Completion Date: _____/_____/_____

If yes, location: _____ Degree/Certificate Awarded: Yes No
Completion Date: _____/_____/_____

If yes, location: _____ Degree/Certificate Awarded: Yes No
Completion Date: _____/_____/_____

Are any of the following factors/barriers to your employment? Please check all that apply.

<input type="checkbox"/> Currently homeless	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Disability	<input type="checkbox"/> No High School Diploma/GED
<input type="checkbox"/> No Dependable Transportation	<input type="checkbox"/> Limited English
<input type="checkbox"/> Ex-Offender	<input type="checkbox"/> Limited Math Skills
<input type="checkbox"/> Child Care	<input type="checkbox"/> Other: _____

****We will make every effort to make referrals to the proper agency/organization that could potentially provide assistance.**

